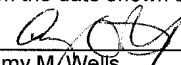
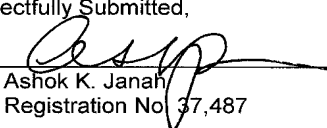


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schwitzer et al.  Application No: 10/777,866 Confirmation No: 6117  Filed: February 11, 2004  Title: CLEANING OF CHAMBER COMPONENTS	Group No: 1746  Examiner: Saeed T. Chaudhry  Attorney Docket No: 8834 USA/CBS/IBSS/LAP  Monday, November 13, 2006 San Francisco, CA 94107
--	--

<b>Commissioner for Patents VIA ELECTRONIC SUBMISSION</b>  <b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$450.00</td> <td style="text-align: center;">\$225.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,020.00</td> <td style="text-align: center;">\$510.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 120.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$450.00	\$225.00	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00	<b>Total \$ 120.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00																	
<input type="checkbox"/> Two Months	\$450.00	\$225.00																	
<input type="checkbox"/> Three Months	\$1,020.00	\$510.00																	
<b>Total \$ 120.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	9	28	0	\$50.00	\$25.00	\$0.00
Independent Claims	1	3	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$120.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$120.00</b></td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$120.00</u> . <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (703) 872-9306, or submitted electronically via EFS on the date shown below.  By: <u></u> Date: <u>November 13<sup>th</sup> 2006</u> Amy M. Wells	Extension Fees	\$120.00	Fees for Extra Claims	\$0.00	<b>Total</b>	<b>\$120.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey St, Suite 106 San Francisco, CA 94107  Respectfully Submitted,  By: <u></u> Date: <u>November 13<sup>th</sup> 2006</u> Ashok K. Janah Registration No. <u>37,487</u>
Extension Fees	\$120.00						
Fees for Extra Claims	\$0.00						
<b>Total</b>	<b>\$120.00</b>						